

# Paint Set Daily Checkout

Date

Checked Out By

Paint Set ID/Number

Location/Department

Paint Set Contents

Item	Qty Checked	Condition
Brushes	<input type="text"/>	<input type="text"/>
Paint Tubes	<input type="text"/>	<input type="text"/>
Palettes	<input type="text"/>	<input type="text"/>
Containers	<input type="text"/>	<input type="text"/>
Aprons	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>

Notes

Checked Out By (Signature)

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Checked In By (Signature)

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